



The South Carolina Department of Social Services

APPLICATION for the FAMILY INDEPENDENCE PROGRAM FOOD STAMP PROGRAM REFUGEE ASSISTANCE PROGRAM

Do you need help filling out this application? Do you need an interpreter?
If yes, please ask for help at your local DSS Office.

Este es un formulario para los programas de Independencia de Familias y de Cupones o Estampillas para Alimentos. Si necesita un interprete para ayudarlo a completar este formulario o durante la entrevista, pregunte en la oficina local de Servicios Sociales y le conseguirán uno.

Social Security Numbers – Citizenship – Immigration Status

Family Independence and Food Stamp Applicants:

- You must provide Social Security numbers and citizenship/immigration status on **all** family members for whom you want cash benefits or food stamps.
- Benefits will not be provided to individuals who do not provide their social security number and citizenship/immigration status.
- Social Security Numbers are not required for non-applicants or persons ineligible for food stamps or cash benefits, however the proof of income must be provided for **all** members of the Food Stamp and FI benefit group.
- If we need information on a person for whom you did not provide information, a DSS worker will contact you to discuss the requirements.
- DSS does not share SSNs or citizenship/immigration status for non-applicants and individuals ineligible for benefits with the US Department of Homeland Security.
- DSS will use Social Security Numbers in the State Income and Eligibility Verification System, other computer matching and programs reviews.

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA, HHS or DSS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). Write DSS Office of Civil Rights, P.O. Box 1520, Columbia, S.C. 29202-1520; or call 1-800-311-7220, TTY: 1-800-311-7219. USDA, HHS and DSS are equal opportunity providers and employers."

CHECK BOX FOR EACH PROGRAM YOU WANT TO APPLY FOR:
☐ **Family Independence** ☐ **Food Stamp** ☐ **Refugee Program**

DSS USE ONLY: <input type="checkbox"/> New <input type="checkbox"/> Reopen <input type="checkbox"/> Cure Sanction <input type="checkbox"/> Recertification/Redetermination		DSS USE ONLY: Date Filed: _____ Screener: _____	
CHIP Case No.:	Worker's Name:	Interview Date:	

PLEASE PRINT

1. Tell us who you are and where you live.

Last Name:	First Name:	MI:	Phone Where We Can Reach You:	
Street Address: (Include Apt./Lot No.)	City:	State:	Zip Code:	County:
Mailing Address: (If Different, Include Apt./Lot No.)	City:	State:	Zip Code:	School District No.:

2. Are you deaf? ☐ Yes ☐ No If yes, do you need an interpreter? ☐ Yes ☐ No
3. Would you like for someone not in your household to complete this application for you or to come in to be interviewed for you as your authorized representative? ☐ Yes ☐ No If yes, tell us the information below:

Name of Representative: _____

Address: _____

4. Have you received Food Stamps before? ☐ Yes ☐ No
If yes, do you still have your green plastic EBT card? ☐ Yes ☐ No
5. Tell us who lives with you. List yourself (or the person shown in item 1 above) on the first line.

You only have to provide the SSN and citizenship/immigration status for persons you are applying for. SSN and citizenship/immigration status are voluntary for non-applicants and ineligible persons in your household.

List Names as They Appear on the Person's Social Security Card (If the person has a card)	Programs	List Previous Married Name or Other Names Used	Blind or Disabled	US Citizen	Age	Date of Birth	Social Security Number or Date of SS-5	Sex Male or Female	Relationship to Name on Line 1	Is anyone hispanic?	* Race Code (Choose one or more)
1			Yes No	Yes No					Self	Yes No	
2			Yes No	Yes No						Yes No	
3			Yes No	Yes No						Yes No	
4			Yes No	Yes No						Yes No	
5			Yes No	Yes No						Yes No	
6			Yes No	Yes No						Yes No	
7			Yes No	Yes No						Yes No	
8			Yes No	Yes No						Yes No	

(FOR STATISTICAL PURPOSES ONLY) * Race: BL - Black or African American; WH - White; AS - Asian/Oriental; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander

6. Is anyone listed above pregnant? ☐ Yes ☐ No If yes, who: _____ Expected DOB: _____
7. **For Family Independence only:** Is any teenager listed above (male or female) a parent? ☐ Yes ☐ No
If yes, who: _____

8. **Answer the following questions to see if you can get Food Stamps within seven (7) days.**

- a. Did anyone get any money this month? ☐ Yes ☐ No If yes, how much? _____ When? _____
- b. Does anyone expect to get any more money this month? ☐ Yes ☐ No
If yes, how much? _____ When? _____
- c. Is anyone in your household a seasonal farm worker? ☐ Yes ☐ No
- d. Tell us about your household's expenses: How much is your rent/mortgage payment per month? \$ _____
How much are your utilities per month? \$ _____
Did you get a utility check? ☐ Yes ☐ No How much? \$ _____

Failure to report or verify any of the expenses listed above will be seen as a statement by your household that you do not want to receive a deduction for the unreported expenses.

Tell us about the income, assets and resources your household has.

9. Enter **GROSS** pay, not take home pay. If unemployed enter "0."

Wage Earner's Name:	Wage Earner's Name:
Employer's Name and Telephone:	Employer's Name and Telephone:
Amount Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	Amount Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
Hours Worked Each Week: _____	Hours Worked Each Week: _____

10.

Other Income	Amount	How Often Do You Get This Income?	Which Family Member Gets This Income?
Child Support	\$		
SSI	\$		
Social Security Payment	\$		
Unemployment Benefits	\$		
Veterans Benefits	\$		
Other (Explain)	\$		

11. How much does the household have in cash, checking and savings account(s)? \$ _____
12. Other than where you live, does anyone in your household own any land, cars, trucks, buildings or other assets?
☐ Yes ☐ No If yes, how much is it worth? \$ _____
13. Do you pay someone to take care of your child(ren) under 13 or to take care of a dependent adult/parent while you work? ☐ Yes ☐ No If yes, number of children for whom you pay for care: _____.
If yes, number of adults for whom you pay for care: _____.
14. Is anyone in your household a fleeing felon or probation/parole violator? ☐ Yes ☐ No
If yes, name: _____
15. Was anyone in your household convicted of a controlled substance abuse violation that occurred after Aug. 22, 1996?
☐ Yes ☐ No If yes, name: _____
16. **Please read and sign this statement/application.**
I certify that the information I or my authorized representative have provided above is true to the best of my knowledge. I give permission for the Department of Social Services to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information. I certify I received the *Your Rights and Responsibilities* handout from my caseworker.

Signature of Applicant/Client: _____ **Date:** _____

Signature of two witnesses, if signed by an "X": (1) _____ (2) _____

<input type="checkbox"/> I have decided to withdraw my application for:	
<input type="checkbox"/> Family Independence	Reason: _____
<input type="checkbox"/> Food Stamps	Reason: _____
<input type="checkbox"/> Other: _____	Reason: _____
Signature: _____ Date: _____	

PROGRAM DESCRIPTIONS

This application form can be used to apply for the following programs:

Family Independence (FI)

This program will pay you a monthly cash benefit. It will help you train for work and look for a job. It will pay child care and transportation costs.

Food Stamps (FS)

This program will help you buy food for your family.

Refugee Assistance

Refugee cash assistance and other benefits available through the Refugee Resettlement Program.

APPLICATION FILING INSTRUCTIONS

- Please fill in all the blanks you can. If you need help or don't understand a question, a DSS worker can help you.
- Make sure you:
 - Print your name
 - Print today's date
 - Sign the application
- For the Food Stamp Program, your application is considered filed as long as it contains the name, address, and signature of the person applying for benefits. Benefits are provided from the date the application is filed.
- Your DSS worker may schedule an interview with you. You may bring someone with you to the interview who can help you. When you come to the interview it may help your DSS worker finish your application faster if you bring the items below:
 - Pay stubs for the last four (4) weeks of work, if you are currently working
 - Birth certificates or other document to prove relationship for all children you are applying for
 - Social Security cards for each family member applying for benefits – children and adults
 - Picture identification (driver's license or state ID card)
 - Rent or mortgage payment receipts
 - Utility bills
 - Bank account statements
 - Other government issued ID card
- Mail or take this application to the Department of Social Services (DSS).
- To get the address of your county DSS office, call toll free: 1-800-768-5700.